

**ALABAMA DEPARTMENT OF PUBLIC HEALTH
PROGRAM EVALUATION**

Lives on the Line: Every Minute Counts!

ASNA NO: 5-91.117 ABN PROVIDER NUMBER: ABNPO387 DATE: July 14, 2004

Name: _____ SSN: _____

Please check one: ☐ Nurse ☐ Social Worker ☐ Pharmacist ☐ Pharmacy Technician ☐ Other _____

ALABAMA PHARMACISTS ONLY:

Pharmacist's License No. _____ Pharmacy Technician's Registration No. _____

Address: _____ City: _____ State: _____ Zip: _____ Email: _____

Fax: _____ Phone: _____

Shade in the circle under the number you think best evaluates this educational offering: 5 - Very useful 4 - Slightly useful 3 - Average 2 - Not useful 1 - Unacceptable

Teaching effectiveness of presenter(s):	5	4	3	2	1
John G. Fisher, III, PharmD.....	○	○	○	○	○
Russell Crowley.....	○	○	○	○	○

Course Content Objectives:

1. List the contents and indications and be able to demonstrate Mark I Antidote Kit	○	○	○	○	○
2. Describe adverse effects and potential hazards of using Mark I Kit.....	○	○	○	○	○
3. Describe contents, indications and proper use of Cyanide Antidote Kit	○	○	○	○	○
4. Describe toxic mechanisms and clinical findings in a cyanide exposure	○	○	○	○	○
5. Describe other therapies that might follow use of Mark I or CN Kits	○	○	○	○	○

List one thing you will do differently as a result of this training: _____

Other education programs you would be interested in attending: _____

I attest that I viewed at least 85% of this program: Participant's Signature: _____ Date viewed: _____

☐ **No CEU's Requested**, mail completed form to: Alabama Department of Public Health; Office of Professional and Support Services, Attention: Training Coordinator;
PO Box 303017, Suite 1010; Montgomery, Alabama 36130-3017.

NOTE: IF CEU'S ARE REQUESTED: Within 3 working days, fax (334-206-5640) or mail completed form to: Alabama Department of Public Health; Video Communications,
PO Box 303017, Suite 940; Montgomery, Alabama 36130-3017.

Out of state participants include \$20 per person (check payable to: Alabama Department of Public Health).

Pharmacy CEUs have been approved for Alabama Pharmacists/Technicians only.

☐ Check included ☐ Check will follow ☐ Please invoice **Certificate will not be provided until we receive evaluation form.** IRS Tax ID No. 63-1106545